

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

FOREST LABORATORIES, INC.,)	
FOREST LABORATORIES HOLDINGS,)	
LTD., MERZ PHARMA GMBH & CO.))	
KGAA, and MERZ PHARMACEUTICALS))	
GMBH,)	
)	
Plaintiffs,)	C.A. No. 08-291
)	
v.)	
)	
ORGENUS PHARMA INC.,)	
)	
Defendants.)	

DECLARATION OF MAILING

Maryellen Noreika. declares as follows:

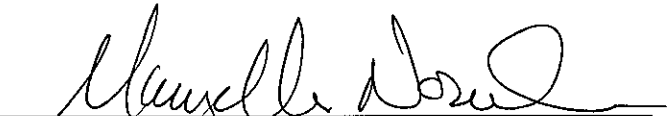
1. I am a partner at the law firm of Morris, Nichols, Arsht & Tunnell LLP, counsel to plaintiffs in this action.
2. Defendant Orgenus Pharma Inc. ("Orgenus") is a New Jersey corporation having a principal place of business at 700 Alexander Park, Suite 104, Princeton, New Jersey 08540.
3. The Summons and Complaint in this action were served on defendant Orgenus on May 19, 2008, pursuant to 10 *Del. C.* § 3104, by hand delivery to the Delaware Secretary of State, together with the statutory fee of \$2.00 per defendant. Copies of the Summonses, showing the service on the Secretary of State, were filed with the Court on May 19, 2008.
4. On May 19, 2008, copies of the Summons and Complaint were sent by registered mail to Orgenus Pharma Inc., 700 Alexander Park – Suite 104, Princeton, NJ 08540 together with a notice stating that the service of the originals of such process had been made

upon the Delaware Secretary of State, and that under 10 *Del. C.* § 3104, such service is as effectual to all intents and purposes as if it had been made upon Orgenus personally within this state. *See* Exhibit A.

5. The registered mail return receipt that I received on May 23, 2008, shows that Orgenus received and accepted the Summons, Complaint and notice. *See* Exhibit B.

I declare under penalty of perjury that the foregoing is true and correct.

May 27, 2008



Maryellen Noreika (#3208)

EXHIBIT A

MORRIS, NICHOLS, ARSHT & TUNNELL LLP

1201 NORTH MARKET STREET
P.O. Box 1347
WILMINGTON, DELAWARE 19899-1347

302 658 9200
302 658 3989 FAX

MARYELLEN NOREIKA
302 351 9278
302 425 3011 FAX
mnoreika@mnat.com

May 19, 2008

REGISTERED MAIL
RETURN RECEIPT REQUESTED

Orgenus Pharma Inc.
700 Alexander Park
Suite 104
Princeton, NJ 08540

Re: Service of Process
Forest Laboratories, Inc., et al. v. Orgenus Pharma Inc.
C.A. No. 08-291

To whom it may concern:

Enclosed are copies of the Summons, Complaint for patent infringement against Orgenus Pharma Inc., Notice of Availability of a United States Magistrate Judge and Plaintiff's Fed. R. Civ. P. 7.1 Statement in this action, which were served on the Delaware Secretary of State on May 19, 2008, pursuant to 10 *Del. C.* § 3104(d). Under 10 *Del. C.* § 3104(d), such service is as effectual for all intents and purposes as if it had been made upon Orgenus Pharma Inc. personally within the State of Delaware.


Sincerely,

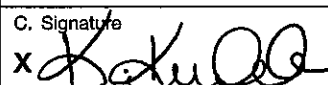


Maryellen Noreika

MN/dlb
Enclosures

EXHIBIT B

Registered No. RA 311 802 244 US		Date Stamp ROONEY SO STA WILMINGTON DE MAY 19 2008
To Be Completed By Post Office	Reg. Fee \$ 10.00	Special Delivery \$
	Handling Charge \$	Return Receipt \$ 2.20
	Postage \$ 1.85	Restricted Delivery \$
	Received by 	
Customer Must Declare Full Value \$		<input type="checkbox"/> With Postal Insurance <input checked="" type="checkbox"/> Without Postal Insurance
To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	FROM	S. NICHOLS, ARSHT & TUNNELL LLP P.O. BOX 1347 WILMINGTON, DE 19899
	TO	Orgenus Pharma 700 Alexander Park Suite 104 Princeton NJ 08540
PS Form 3806, June 2000		Receipt for Registered Mail (Customer Copy) (See Information on Reverse)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly) B. Date of Delivery	
1. Article Addressed to: Orgenus Pharma 700 Alexander Park Suite 104 Princeton NJ 08540		C. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Copy from service label) RA 311 802 244 US		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, July 1999		Domestic Return Receipt 102595-00-M-0952	